Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: HAVEN	**CHAPTER 100.1**
Address: **4475 Lua'ole Street, Honolulu, Hawaii 96818**	**Inspection Date: May 3, 2019 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** For household member (HHM) #1, #2 and #3, no evidence of a physical examination (PE) at time of move in. PE obtained after the move in date (9/17/18) as follows: • For HHM #1, PE dated 4/01/19, • For HHM #2, PE dated 4/01/19, and • For HHM #3, PE dated 4/30/19.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** For household member (HHM) #1, #2 and #3, no evidence of a physical examination (PE) at time of move in. PE obtained after the move in date (9/17/18) as follows: • For HHM #1, PE dated 4/01/19, • For HHM #2, PE dated 4/01/19, and • For HHM #3, PE dated 4/30/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Before arrival, locate an MD. Tell family about Licensed Care Home requirements. Advise those requesting Kona to seek alternate housing or ~~get~~ establish appointment w MD prior to arrival.	9/4/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** For HHM #1, #2 and #3, no evidence of tuberculosis (TB) clearance at the time of move in. Initial TB clearance obtained after move in date (9/17/18) as follows: • For HHM #1, TB screening dated 10/01/18, • For HHM #2, TB screening dated 10/01/18, and • For HHM #3, TB skin test dated 9/27/18.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** For HHM #1, #2 and #3, no evidence of tuberculosis (TB) clearance at the time of move in. Initial TB clearance obtained after move in date (9/17/18) as follows: • For HHM #1, TB screening dated 10/01/18, • For HHM #2, TB screening dated 10/01/18, and • For HHM #3, TB skin test dated 9/27/18.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Records for TB Clearance were on a disk and ~~left~~ Kept by Lana Kila. 9/4/19	N

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** For HHM #3, no evidence of a two-step TB skin test for the initial TB clearance. For example, a negative one -step TB skin test dated 9/27/18. No evidence of a second skin test.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Went to Lanakila for a record skin Test.	9/23/19

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** For HHM #3, no evidence of a two-step TB skin test for initial TB clearance. For example, a negative one -step TB skin test dated 9/27/18. No evidence of a second skin test.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use TB Clearance Checklist to remember how to do Initial TB Clearance for "no prior TB Test." I will keep the checklist in the care home binder.	2/24/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** For substitute care giver (SCG) #1, #2, #3, #4, and #5, no substitute care giver training by the primary care giver (PCG) for safe medication administration.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I provided training for all my subs. 1, 2, 3, 4, 5 on how to make medications available for my residents. Training was documented with signatures. I filed these training documents in the care home binder.	2/24/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** For substitute care giver (SCG) #1, #2, #3, #4, and #5, no substitute care giver training by the primary care giver (PCG) for safe medication administration.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Going forward when there are new medication orders & other medication changes, I will do a medication update training with all my substitutes. If I go on leave, I will repeat medication training.	2/24/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** For Resident #1, no special diet made available. Admission order reads, "Regular diet no concentrated sweets." No evidence of a menu to follow for the special diet order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Spoke with OHCA nutritionist and gave me guidelines for "no concentrated sweets". I will develop menu for "no concentrated sweets".	2/24/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** For Resident #1, no special diet made available. Admission order reads, "Regular diet no concentrated sweets." No evidence of a menu to follow for the special diet order.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Going forward, if I need additional assistance with diets orders and menus, I will call OACA nutritionist for guidance when the physician orders a special diet!	2/24/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Unsecured chemicals in the following resident areas: ◦ Dining area, "Glade" aerosol spray can • Bathroom, "Glade" aerosol spray can	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I took away and put the "Glade" in the secured cabinet in the kitchen.	9/3/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Unsecured chemicals in the following resident areas: • Dining area, "Glade" aerosol spray can • Bathroom, "Glade" aerosol spray can	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Change aerosol spray to electrical plug diffuser.	9/3/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** For Resident #1, PRN medications in labeled containers available; however, no evidence of orders for the following: • "Meclizine 25 mg i po PRN" dispensed by pharmacy on 11/14/18. • "Naproxen 500 mg i BID PRN for pain" dispensed by pharmacy on 11/27/18.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident discharged on 8/27/19	9/3/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** For Resident #1, PRN medications in labeled containers available; however, no evidence of orders for the following: • "Meclizine 25 mg i po PRN" dispensed by pharmacy on 11/14/18. • "Naproxen 500 mg i BID PRN for pain" dispensed by pharmacy on 11/27/18.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** If a medicine is ~~[illegible]~~ delivered and there is no written order, I ~~would~~ will call the doctor + fax me the physician order or record a verbal order onto the MD order form and get a signature at the next MD appt	9/3/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS For Resident #1, medication administration record (MAR) did not reflect the current order for the following: • November MAR reads, "Vit D (D3)1,000 UI 2 tabs po QD." However, MAR changed on 11/21/18 to "Vit D (D3) 1,000 UI 1 tab po QD." • Renewal order dated 11/21/18 reads, "Vit D (D3) 1,000 UI 2 tabs po QD."	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** For Resident #1, medication administration record (MAR) did not reflect the current order for the following: • November MAR reads, "Vit D (D3)1,000 UI 2 tabs po QD." However, MAR changed on 11/21/18 to "Vit D (D3) 1,000 UI 1 tab po QD." • Renewal order dated 11/21/18 reads, "Vit D (D3) 1,000 UI 2 tabs po QD."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Before leaving the doctor's office, I will check ~~that~~ the new medication list against orders from the prior medical provider. When there is discrepancy I will ask the current provider to validate the new order.	9/4/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Blood glucose (BG) monitoring order provides interventions. Order reads, "offer a snack and retest for BG readings under 70 mg/dL." However, no evidence when BG levels were less than 70 mg/dL that a snack was offered or refused. Also no evidence that BG was rechecked per order for the following: • On 11/10/18, BG was 59 mg/dL, • On 11/16/18, BG was 64 mg/dL, • On 11/17/18, BG was 62 mg/dL, • On 1/14/19, BG was 66 mg/dL, • On 1/17/19, BG was 55 mg/dL, • On 1/25/19, BG was 69 mg/dL, • On 2/1/19, BG was 46 mg/dL, • On 3/24/19, BG was 63 mg/dL, • On 3/26/19, BG was 64 mg/dL, • On 4/1/19, BG was 62 mg/dL, • On 4/7/19, BG was 65 mg/dL, and • On 4/30/19, BG was 64 mg/dL.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Blood glucose (BG) monitoring order provides interventions. Order reads, "offer a snack and retest for BG readings under 70 mg/dL." However, no evidence when BG levels were less than 70 mg/dL that a snack was offered or refused. Also no evidence that BG was rechecked per order for the following: • On 11/10/18, BG was 59 mg/dL, • On 11/16/18, BG was 64 mg/dL, • On 11/17/18, BG was 62 mg/dL, • On 1/14/19, BG was 66 mg/dL, • On 1/17/19, BG was 55 mg/dL, • On 1/25/19, BG was 69 mg/dL, • On 2/1/19, BG was 46 mg/dL, • On 3/24/19, BG was 63 mg/dL, • On 3/26/19, BG was 64 mg/dL, • On 4/1/19, BG was 62 mg/dL, • On 4/7/19, BG was 65 mg/dL, and • On 4/30/19, BG was 64 mg/dL.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When the doctor gives new treatment orders, I will read first. If I can understand I will write it in the MAR and follow the Doctor's orders. If I do not understand, I will call the doctor if to ask for clarification.	2/24/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary. FINDINGS For Resident #1, emergency data sheet incomplete. For example, no diet order, no results of TB screening, eyeglasses or order for BG monitoring with parameters and interventions.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Form was updated.	9/3/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary. **FINDINGS** For Resident #1, emergency data sheet incomplete. For example, no diet order, no results of TB screening, eyeglasses or order for BG monitoring with parameters and interventions.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use the current form that DOH gave me. Update the form whenever 2/24/20 there's change on medications. I've programmed my cell phone to complete my forms.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** For Resident #1, inventory not current. No eyeglasses listed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** added eyeglasses on inventory.	9-3-15

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☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** For Resident #1, inventory not current. No eyeglasses listed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** add when she gets new belongings and cut-off when she discards anything. Review every 1st week of the year.	9-3-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(F) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoking shall be permitted only in approved areas where proper equipment and supervision is provided; **FINDINGS** For smoking area, no equipment (non-combustible ashtray) or supervision provided.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Provided a tin can to use as an ashtray.	9-3-19

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☒	§11-100.1-23 Physical environment. (g)(3)(F) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoking shall be permitted only in approved areas where proper equipment and supervision is provided; **FINDINGS** For smoking area, no equipment (non-combustible ashtray) or supervision provided.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will check to see if they are using the tin can that was provided as an ashtray whenever I leave the property.	2/24/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(C) Bedrooms: General conditions: Family members shall not sleep in residents' bedrooms; **FINDINGS** HHM #1, #2 and #3 reside in licensed Bedroom #2.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I wrote a letter and asked permission from SOH. office + remove ~~my~~ this bedroom from my bed capacity.	2/24/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(C) Bedrooms: General conditions: Family members shall not sleep in residents' bedrooms; **FINDINGS** HHM #1, #2 and #3 reside in licensed Bedroom #2.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Write a letter and ask permission for staff office in advance of using a licensed bedroom for personal use.	2/24/20

Licensee's/Administrator's Signature: Raquel G Abuan

Print Name: RAQUEL G. ABUAN

Date: 2/24/20

Licensee's/Administrator's Signature: Raquel G Abuan

Print Name: RAQUEL G. ABUAN

Date: 9/4/19